

**Vermont Department of Health
Request for Proposals**

**Coordinated Healthy Activity, Motivation and Prevention
Programs
(CHAMPPS)**

Fiscal Year 2008

**Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS)
Applicant Training Registration Form**

For which session and site are you registering? (✓One date AND one VIT site)

_____ February 1, 2007, 12:30 – 3:00 p.m.

| | | |
|-------------------|------------------|------------------|
| _____ Castleton | _____ Waterbury | _____ Bennington |
| _____ Brattleboro | _____ Montpelier | _____ Johnson |

_____ February 6, 2007, 9:00 – 11:30 a.m.

| | | |
|------------------|-------------------|------------------|
| _____ Montpelier | _____ Bennington | _____ Castleton |
| _____ Johnson | _____ Lyndon | _____ Middlebury |
| _____ Randolph | _____ Springfield | _____ Williston |

Attendee Name: _____

Title: _____

Organization Name: _____

Mailing Address: _____

City, State, ZIP: _____

E-mail Address: _____ **Telephone:** _____ **Fax #:** _____

Does your organization serve a specific geographic area? _____ Yes _____ No
If yes, describe (be as specific as possible):

Does your organization serve a specific target population? _____ Yes _____ No
If yes, describe (continue on reverse if necessary):

**REGISTRANTS WILL BE NOTIFIED OF OTHER REGISTRANTS FROM THE SAME
GEOGRAPHIC AREA. NO MORE THAN ONE APPLICATION FROM EACH AREA WILL BE
FUNDED. COLLABORATION ON A SINGLE APPLICATION IS THEREFORE ENCOURAGED.**

Submit this form by mail or FAX to:

Kelly Dougherty
Vermont Department of Health
108 Cherry St., P.O. Box 70
Burlington, VT 05402
FAX: (802) 951-1275

**TRAINING REGISTRATION DEADLINE: Tuesday, January 30 for February 1 training
Friday, February 2 for February 6 training**

**CHAMPPS Request for Proposals
Fiscal Year 2008**

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CHAMPPS APPLICANT CHECKLIST

This list is provided to assist applicants in submitting a complete and viable application. Please do not submit this checklist with your proposal.

PLEASE NOTE: The Vermont Department of Health reserves the right not to review late or incomplete applications. If you answer NO to any of the items listed below, your application will be considered incomplete.

HAVE YOU?

_____ Followed the guidelines listed under "Submission and Deadline" on page 6

CONTENT/APPLICATION:

Does the Proposal?

_____ Include the completed Applicant Information Sheet

_____ Address two levels of the Vermont Prevention Model – one of which must be organization, community or policy/systems

_____ Describe how you will work with your local Vermont Department of Health District Office in assessment and program activities

_____ Include the following Grant Narrative components:

_____ Community Description, Needs and Resources

_____ Applicant Organization

_____ Management and Staffing Plan

_____ Workplan

_____ Evaluation Plan

_____ Budget and Budget Narrative

_____ Describe the plan for sustainability after funding ends (implementation grants only)

REQUIRED ATTACHMENTS:

_____ Memorandum of Understanding between applicant and fiscal agent, if applicable

_____ Resumes for identified staff or job descriptions for un-identified staff, as applicable

_____ List of partners/collaborating organizations with contact person identified

_____ Letter of Commitment from your local Agency of Human Services Field Director

_____ Letter of Commitment from your local Vermont Department of Health District Director

Application Process

PURPOSE

The Appropriations Act of 2006 (Act 191) established the Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS) initiative to distribute competitive, substantial multi-year grants to communities beginning July 1, 2007. These grants are to be used to fund “comprehensive community health and wellness projects” that are designed to “promote healthy behavior and disease prevention across the community and across the lifespan of individual Vermonters”. CHAMPPS shall serve as the foundation for the community wellness initiatives within the Department of Health. Activities to be funded will emphasize prevention and wellness and may include, but are not limited to, promotion of nutrition and physical activity, elderly wellness, lead poisoning prevention, obesity prevention, maternal and child health and immunization, mental health, substance abuse prevention, and tobacco prevention and cessation.

The impetus for the Legislature in establishing CHAMPPS was to better coordinate the many small grants currently awarded to communities for health and wellness projects through the pooling of resources for the provision of larger, more comprehensive grants. It is envisioned that CHAMPPS will foster greater collaboration and cost effective use of limited resources to strengthen the prevention and health promotion infrastructure in Vermont. Inherent in the CHAMPPS model is the recognition that risk factors and protective factors are often shared across multiple health issues and conditions. In some instances, wide segments of the population may be reached through similar and overlapping activities and strategies, although for certain outcomes, prevention interventions targeted to specific populations may also be indicated. CHAMPPS brings the challenge of distributing limited resources effectively to maximize health outcomes for Vermonters and to meet the requirements of the funding sources that have been drawn upon to fund CHAMPPS grants.

Funding for CHAMPPS for Fiscal Year 2008 has been drawn from state general funds and the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework State Incentive Grant (SPF SIG). (The SAMHSA SPF SIG is targeted to substance abuse prevention priorities with specific populations, and has additional requirements as outlined in Appendix I.) Funds will be dispersed through grants to eligible organizations as defined below. Two categories of grants are available. Implementation grants will be larger (up to \$150,000 per year) and will be awarded to applicants that can effectively demonstrate the infrastructure and experience to carry out a comprehensive health and wellness initiative. Capacity building grants will be awarded to applicants in need of time and/or technical assistance in order to be able to compete for a larger implementation grant in the future. Capacity building grants will not exceed \$60,000. Applicants will be asked to state for which type of grant they are applying.

Contingent upon future funding, implementation grants will be issued to projects for three consecutive years. Funding for years 2 and 3 will progressively decrease according to the following formula:

| | | |
|--------|---|------|
| Year 1 | = | 100% |
| Year 2 | = | 80% |
| Year 3 | = | 60% |

Grantees will be expected to demonstrate increasing in-kind and other funding support during years 2 and 3 and to articulate a plan for project sustainability after the end of grant year three.

The process for applying for continuation funding for year 2 will be released to implementation grantees in the fall of 2007.

Finally, applicants will be required to use strategies that have been demonstrated to be effective in reaching the desired outcome. Applicants must use the Strategic Prevention Framework and the Vermont Prevention Model (Appendix A) as the basis for their programmatic activities, and must address at least two of the five levels of the Prevention Model in their intervention(s). At least one of the levels to be addressed must be community, organization or policy/systems.

ELIGIBILITY

Applicants must be Vermont-based organizations. The following types of organizations are eligible to apply for CHAMPPS grants:

- Municipalities
- Schools and supervisory unions
- Public and private not-for-profit organizations
- Coalitions and partnerships

Agencies and Departments of Vermont state government are not eligible to apply for CHAMPPS grants, but are encouraged to collaborate with applicants in their area.

In addition, the following requirements apply:

- The applicant must have a geographic focus that is smaller than statewide
- Applicants without their own federal tax ID number, or that are not otherwise formally recognized organizations, must identify a fiscal agent meeting the eligibility criteria above. A Memorandum of Understanding (MOU) with the fiscal agent must be included as part of this application.

No more than one application will be funded per specific geographic area. Applicants serving the same geographic area are encouraged to collaborate on a single application.

GRANT LIMIT AND USE OF FUNDS

The grant period is July 1, 2007 through June 30, 2008.

Up to \$500,900 is available to fund health and wellness initiatives.

\$500,000 of the total funds available is for initiatives specific to the prevention of substance abuse through the federal Substance Abuse and Mental Health Administration's Strategic Prevention Framework State Incentive Grant, pending approval of SAMHSA. For more information, see Appendix I. NOTE: For these projects, the funding formula for multiple grant years is to be determined.

\$50,000 in federal funds (under the Fit and Healthy Vermonters grant from the Centers for Disease Control and Prevention) is available for organizations that have identified poor nutrition and/or physical inactivity as a community priority, but have not yet involved the community to conduct a community assessment and set priorities for a plan of action. One grantee will be selected from appropriate capacity building applicants.

Individual capacity building grants will not exceed \$60,000.
Individual implementation grants will not exceed \$150,000.

Grant funds **may** be used for the following:

- staff salaries
- consultant fees
- operating expenses
- indirect costs associated with the proposed programs

Grant funds **may not** be used for the following activities:

- capital expenditures
- to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Legislature, an officer or employee of Legislature, an employee of member of Legislature in connection with the awarding of a Federal or State contract, continuation, renewal, amendment, or modification of any Federal or State contract, loan or cooperative agreement

ASSISTANCE

Individuals with questions regarding the CHAMPPS community grants or the grant application process should contact:

Kelly Dougherty, MSW, MPH
Community Programs Administrator
Vermont Department of Health
(802) 652-2094
kdoughe@vdh.state.vt.us

SUBMISSION and DEADLINE

APPLICATIONS THAT DO NOT MEET ALL OF THE FOLLOWING GUIDELINES WILL NOT BE REVIEWED AND WILL BE RETURNED TO THE APPLICANT:

- The Applicant Information Sheet must be submitted as the first page of the application.
- The narrative section must not exceed 12 double-spaced pages, printed on one side, with one-inch margins and 12-point Times New Roman font.
- Short attachments that are relevant to the narrative may be included, but may not be reviewed and will not be scored. Information critical to the proposal should be contained in the narrative, not in attachments.
- Pages must be numbered and attachments clearly labeled.
- One unstapled single-sided original and six (6) securely stapled double-sided copies of the entire proposal must be submitted.
- Applications must be received at the Department of Health by **4:30 pm on March 9, 2007**. No faxed or electronic copies will be accepted. **Applications received after the deadline will not be accepted for review and will be returned to the applicant.**
- Applications are to be sent to:

Kelly Dougherty, MSW, MPH
Community Programs Administrator
Vermont Department of Health
Commissioner's Office
108 Cherry St., P.O. Box 70
Burlington, VT 05402

GRANT REVIEW and AWARD PROCESS

Proposals will be reviewed by a grants committee comprised of members of the CHAMPPS Advisory Committee, a legislatively appointed body comprised of representatives from various state departments and community organizations, and designated Vermont Department of Health (VDH) staff. Additional review may be required based upon proposed project's area of focus. The committee will make final recommendations for funding to the Commissioner of Health. VDH reserves the right to reject any application that does not comply with eligibility requirements. It also reserves the right to reject any and all applications after they have been reviewed, to negotiate awards after the application process and to accept applications deemed most favorable to the interest of the State of Vermont and the goals of the CHAMPPS initiative. Finally, in making final decisions on which applications to fund, consideration will be given to ensuring a complementary mix of projects statewide with respect to target populations and areas of focus. See Appendix B for the application scoring instrument.

The points assigned to each category are as follows:

| Category | Points |
|---|--------|
| 1. Program Narrative | |
| a. Community Description, Needs and Resources | 10 |
| b. Applicant Organization | 10 |
| c. Management and Staffing Plan | 10 |
| d. Work plan | 50 |
| e. Evaluation Plan | 10 |
| 2. Budget and Budget Narrative | 10 |
| Total | 100 |

Applications will be reviewed during the month of March. All applicants will be notified in writing by May 1, 2007 of the decision to fund or not fund their application. Applicants may receive conditional approval, in which case certain changes or clarifications must be made to their proposal before funding will be granted. Applications for implementation grants may be awarded as capacity building grants based upon the assessment of the CHAMPPS Advisory Committee and the Vermont Department of Health.

GRANTEE ADMINISTRATIVE REQUIREMENTS

- **Agency of Human Services Field Services Director Letter of Commitment** - A letter of commitment from the Agency of Human Services Field Director in your area is required. Please see Appendix C for the list of Field Directors and their contact information.
- **VDH District Director Letter of Commitment** - A letter of commitment from the Vermont Department of Health District Director in your target area is required. You will also be required to describe in the application narrative how you will collaborate with your local VDH District Office. Please see Appendix D for the list of VDH District Directors and their contact information. Your local Department of Health District Director will be involved in monitoring and oversight of CHAMPPS-funded projects.
- **A Memorandum of Understanding (MOU)** is required if you will be using another entity as your fiscal agent. The MOU must define the roles and responsibilities of each party regarding grant management. At a minimum, it should identify the process by which funds can be accessed, who can access them, who makes final decisions on how funds are spent, what role the fiscal agent plays with respect to hiring and supervision of staff, reporting. See

Appendix E for an example of a Memorandum of Understanding. This particular format is not required.

- **Required training/ meetings:** All applicants must attend an applicant training session to be offered via Vermont Interactive Television. Applicants must attend ONE of the following sessions: February 1, 2007 (12:30-3:00 p.m.) OR February 6, 2007 (9:00-11:30). Detailed information about these sessions is contained in this application packet. Additional training and/or meetings may be required for grantees during the funding period.
- **Technology Requirements:** Grantees are required to have e-mail and internet access.
- **Reporting Timeline and Requirements:** Grantees are required to submit three (3) reports during the grant period that include the following components: Narrative Report, Fiscal Report, and Activity & Event Report. The report template will be provided to grantees following the notice of grant award. The schedule for submission of reports is:

| <u>Report Due</u> | <u>Reporting Period</u> |
|-------------------|--------------------------------------|
| November 15, 2007 | July 1, 2007 – October 31, 2007 |
| March 15, 2008 | November 1, 2007 – February 28, 2008 |
| July 15, 2008 | March 1, 2008 – June 30, 2008 |

NOTE: Reporting requirements for grantees funded through SAMHSA's Strategic Prevention Framework State Incentive Grant will be different. Please see Appendix I for more information.

TIMETABLE SUMMARY FOR CHAMPPS FISCAL YEAR 2008:

| | |
|----------------|--|
| January 26 | Release of RFP by Vermont Department of Health (VDH) |
| February 1 & 6 | Required applicant training sessions (attend only one) |
| March 9 | Deadline for receipt of complete application at VDH (by 4:30 p.m.) |
| July 1 | FY2008 grant award period begins |

**Coordinated Healthy Activity, Motivation and Prevention Programs
Vermont Department of Health**

APPLICANT INFORMATION SHEET

****NOTE:** This information sheet must be included as the cover sheet of the application submitted. Be sure to complete this form in its entirety.

Applicant Organization: _____

Contact Person: _____

Title: _____

Mailing Address: _____

Town, State, ZIP: _____

Telephone: _____ Fax #: _____ E-mail Address: _____

Fiscal Agent (Organization Name): _____

FY Starts: ____/____/____ FY Ends: ____/____/____

Financial Contact Person: _____

Mailing Address: _____

Town, State, ZIP: _____

Telephone: _____ Fax #: _____ E-mail Address: _____

Federal Tax ID Number: _____

Type of Grant Requested (✓ only one)

____ Implementation

____ Capacity Building

Total Amount Requested: _____

Geographic Area and Target Populations (types of people) to be served:

List the towns to be served by this funding and the approximate population of each town.

| <u>Town</u> | <u>Population</u> |
|-------------|-------------------|
|-------------|-------------------|

Whom should we contact if we have questions about this application?

Name: _____

Phone #: _____

Program Narrative Instructions

Each section of your Program Narrative should be labeled to correspond to the letters below and should provide a concise response to the information requested for that section. This section is limited to 12 double-spaced, single-sided pages, with one inch margins on all sides and 12 point Times New Roman font.

A. Community Description, Needs & Resources (10 Points)

For Capacity Building Proposals:

- Provide a brief description of the geographic area to be served by the proposed activities – its name, geographic boundaries, and relevant demographic information, to include but not limited to age distribution, cultural, ethnic and racial composition, etc. Data to help you with this section can be found in Appendix F.
- Describe the strengths and challenges for health and wellness activities in your community. How will your capacity building activities begin to address some of the challenges?
- Using the Strategic Prevention Framework and Vermont Prevention Model (Appendix A), describe how you will assess your community's needs and priorities. How will the larger community be engaged?
- Suggested tools for the assessment phase are included as Appendix G. Applicants are encouraged to use and build upon existing planning documents such as the Agency of Human Services Community Profiles, hospital needs assessments and others.

For Implementation Proposals:

- Provide a brief description of the geographic area to be served by the proposed project – its name, geographic boundaries, and relevant demographic information, to include but not limited to age distribution, cultural, ethnic and racial composition, etc.
- Describe the particular *population(s)* you will target in the proposed project and rationale for choosing the target population(s). Applicants are encouraged to address populations across the lifespan and should not focus solely on one age group.
- Describe the strengths and challenges for health and wellness activities in your community, and why this project should be supported. Use data to describe your community and its needs (see Appendix F for data on selected indicators and information on additional data resources). Identify existing resources and gaps in services related to your stated need(s)
- Describe how the target populations and the larger community were actively involved in assessing needs and priority areas for action. Implementation grant applicants should have already developed a comprehensive plan for addressing the identified needs of the community.
- Communities applying for implementation must demonstrate readiness using the prevention framework (Appendix A). Describe what steps have been previously taken to address the first three steps of the framework: assess, build capacity and plan for implementation.
- Suggested tools for the assessment phase are included as Appendix G. Applicants are encouraged to use and build upon existing planning documents such as the Agency of Human Services Community Profiles, hospital needs assessments and others.

B. Applicant Organization (10 points)

- Describe your organization - type of organization, history, longevity.
- Explain your rationale for choosing either a capacity building or an implementation grant.
- Discuss your prior experience with planning/executing health and wellness initiatives relevant to this proposal.
- Describe the funding you currently receive for activities relevant to those proposed in this application. Use the Summary of Related Funding form contained as Attachment 2.

- Describe any anticipated technical assistance needs.
- Describe why your organization is poised to address the needs outlined in section A above.
- Describe collaborative relationships with other organizations and entities in your community and how these partnerships will be drawn upon to meet the needs of the community. For capacity building proposals, describe how such relationships will be developed. A list of potential partnering organizations is included as Appendix H. If you have chosen to apply for a CHAMPPS grant independently of other known applicants in your geographic area, describe the rationale for this approach.
- Specifically describe how you will collaborate with your local VDH District Office.

C. Management and Staffing Plan (10 Points)

Describe how the project will be structured, organized, staffed and managed throughout the project period.

- Describe the specific roles and responsibilities of the project staff and volunteers for this grant. Summarize experience, training or other qualifications for actual program staff. Attach resumes. If staff has not yet been identified please describe your intended recruitment efforts and attach a job description, if applicable.
- Who will supervise the coordinator, program staff and volunteers? How will they be supervised, including performance reviews?
- Who will be responsible for the required reporting, meetings, and trainings?
- What is the role of the fiscal agent, if applicable, in making decisions, supervision of staff, reporting, hiring, staff performance reviews and firing, etc? Provide a Memorandum of Understanding (MOU) between a fiscal agent and coalition (See Appendix E for a sample).
- What experience does the applicant or fiscal agent have in managing grants?
- A list of partners/collaborating organizations and their contact persons must be submitted as an attachment to your proposal. This list must include at least one representative from each town in your proposed target area. Funded applicants will be required to submit signed letters from each of these representatives stating their commitment to the project.
- A letter of commitment from your local VDH District Director is required as an attachment to your proposal and must address the questions in the sample format in Attachment 1.

D. Workplan (50 points)

Part 1 – Briefly describe in the narrative the activities to be carried out as part of this project, the rationale (i.e., the connection between the proposed activity and the health issue you are addressing), the evidence base for such activity with your target population, and any other relevant information. Discuss how the proposed activities address two of the five levels of the Vermont Prevention Model (Appendix A) – one of which must be organization, community or policy/systems.

The workplan section should clearly demonstrate that your strategies and programs are logically related to your goal(s) and objectives. This section should also describe plans for continuation of the specific activities funded through this grant award, after the initial funding expires.

Part 2 – Complete the workplan template in Attachment 3. Specific goals, objectives and activities must be included in your work plan and must directly reflect the narrative portion of the work plan (and vice versa). Be sure to include activities and objectives that are measurable within the budget cycle (July 1, 2007 through June 30, 2008) as well as those that are long range strategic goals.

Activities relevant to specific programs or initiatives of the Vermont Department of Health must align with stated goals and follow programmatic guidelines for those programs or initiatives.

- Alcohol and drug abuse prevention activities must follow the guidelines contained in Appendix I.
- Tobacco prevention/cessation activities must adhere to guidelines contained in Appendix J.
- Nutrition and/or physical activity interventions must adhere to guidelines contained in Appendix K.

Additional Workplan Guidelines

Goal(s) are the final outcomes you desire as a result of your activities. Projected outcomes of your activities form the basis of objectives. The operand verb in your objectives should indicate *measure* (e.g., increase, decrease, etc.) rather than activity (e.g., to offer, develop, etc.). The objectives articulate the outcome of the project that will move the community toward realizing the stated goal.

Objectives must be SMART:

- **Specific** - Identify a specific target population to be addressed; state the behavior, attitude, condition, or knowledge to be changed.
- **Measurable** - Use "increase" or "decrease" or other measurable language; identify specific data sources to be used to measure change.
- **Achievable** – The objective must be attainable.
- **Realistic** – The level of change reflected in the objective is possible given your resources
- **Time Limited** - include an end date by when change will occur.

Activities should describe:

- how you plan to reach your goal(s) and objectives
- the strategies/programs you intend to use
- the settings in which you plan to use these strategies/programs
- the timeline for completion
- who will be responsible for implementing the strategies/programs

E. Evaluation Plan (10 points)

Describe how the activities funded through this grant will be evaluated. The purpose of evaluating a program or strategy is to determine what effect the program, initiative or activity has had, what worked well and why, and what can be improved. There are two types of evaluation data that must be addressed in your evaluation plan:

Process evaluation describes what you did as compared with what you planned to do. Process information is valuable in identifying and correcting problems or omissions in design and implementation of the project before they negatively impact the project.

Examples of process evaluation questions are:

What was done?

When?

How frequently?

How was it done?

How many participants?

Did we reach the participants we planned to reach?

Did we deliver the quantity and quality of services we planned to deliver?

Were the resources we put into the project sufficient to carry out the planned activities?

Outcome evaluation is concerned with measuring the short and long term effects of a program or strategy. The outcome objectives stated in your workplan will specify indicators of change (e.g., change in attitude, behavior, knowledge, or condition) from the “before” situation to the “after” situation. Use your outcome objectives as a guide for your outcome evaluation plan.

Describe in your evaluation plan the strategies for collecting, analyzing and using the both process and outcome data. Attach any evaluation tools you plan to use.

F. Budget and Budget Narrative (10 points)

Using the budget form in Attachment 4, applicants must submit a budget and budget narrative. The budget should be divided into five major categories of cost: personnel, operating, travel, building, and administration. Revenues should be listed by funding source.

The narrative should explain all budget items. Specifics should be provided in regards to personnel, consultants, operating expenses, supplies and services. Please include hourly rates for staff and consultant time and list each position separately. Consider costs for meetings and trainings, coalition/partnership development, internet access, etc. Please include detail for each proposed activity. The budget narrative should also include any funding sources that will be merged with grant funds. Please identify the source of any funds listed in the “Other Funding” category on the budget form. In-kind contributions are not required, but may be listed on the budget form. In-kind support will be required for continued CHAMPPS funding in future years.

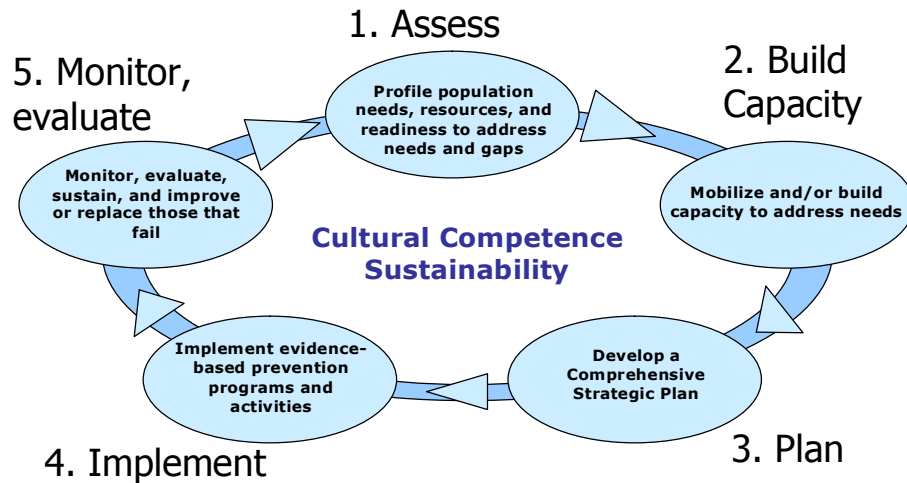
Indirect costs are costs incurred by the fiscal agent to administer the grant and cannot exceed 10% of the total approved annual grant award.

Expenditures of grant funds must adhere to the specific line items in the grantee’s approved grant budget. Transfers between operating line items (increases and decreases) in excess of 10% of the total approved annual grant award are permitted only with the written consent of the Vermont Department of Health. All transfers between line items for staff salaries, consultant fees, benefits, equipment and administration costs (increases and decreases) are permitted only with the written consent of the VDH.

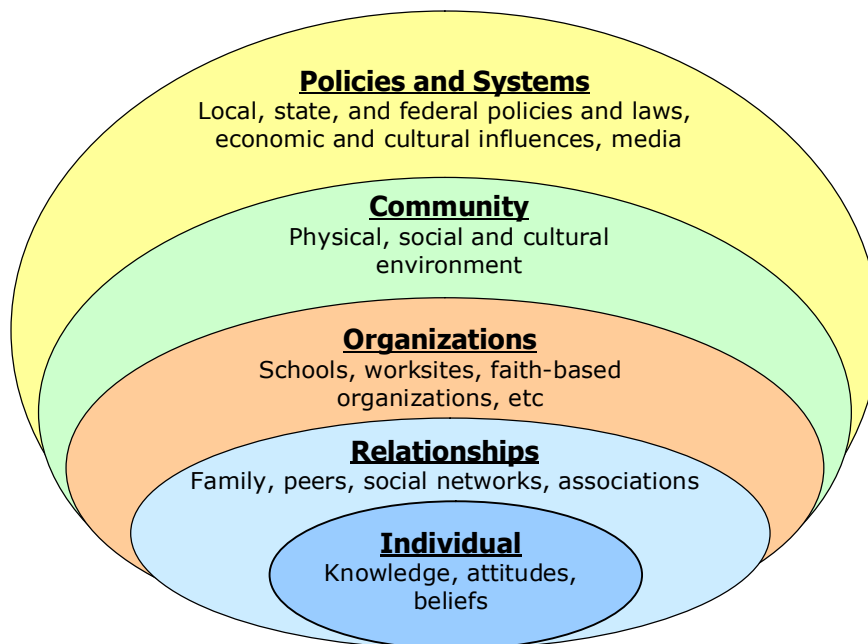
APPENDIX A

Prevention Framework and Vermont Prevention Model

Prevention Framework



Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

The Vermont Prevention Model

The prevention model illustrates that there are many factors in play that influence individual and population health.

Health promotion efforts are most likely to be effective if they are:

- consistent with the needs and resources of the community
- developed with an understanding of the factors contributing to the problem
- designed to specifically address those factors
- inclusive of strategies addressing multiple levels of the model simultaneously
- sustainable over time
- age, gender and culturally appropriate
- evidence based or based on best and promising practices

Levels of influence

Individual

Factors that influence behavior such as knowledge, attitudes and beliefs

Strategies addressing this level of influence are designed to affect an individual's behavior.

Examples of individual level strategies include:

- one-on-one counseling using skills such as motivational interviewing and behavior modification techniques
- health education curricula
- media literacy education
- counseling on the health risks of tobacco use
- educational campaigns that state drinking and driving is "uncool"

Relationships

Influence of personal relationships and interactions

Strategies addressing this level of influence promote social support through interactions with others including family members, peers, and friends.

Examples of relationship level strategies include:

- youth empowerment and peer education groups (e.g. Our Voices Exposed Youth led movement against tobacco)
- parent education and family strengthening programs
- self management workshops (e.g. Healthier Living workshops)
- group walking programs
- mentoring programs

Organizations

Norms, standards and policies in institutions or establishments where people interact such as schools, worksites, faith-based organizations, social clubs and organizations for youth and adults

Strategies addressing this level of influence are designed to affect multiple people through an organizational setting.

Examples of organizational-level strategies include:

- policies prohibiting tobacco use in schools and worksites

- after school programs offering physical activity programs
- worksites offering tobacco cessation programs
- worksite policies allowing flex time for physical activity or other wellness activities
- health insurance premium reductions for those with fewer risk factors (e.g., non-smokers)

Community

The physical, social, and cultural environments where people live, work, and play
Strategies addressing this level of influence are designed to affect behavioral norms through interventions aimed at the physical environment, community groups, social service networks and the activities of community coalitions and partnerships.

Examples of community-level strategies include:

- New Directions coalitions implementing evidence based alcohol and drug abuse prevention strategies
- A community tobacco coalition throwing a smoke free barbeque event
- Converting unused railways into recreation paths
- Developing bike paths

Policies and Systems

Local, state and federal policies; laws; economic influences; media messages and national trends that regulate or influence behavior
Strategies at this level are designed to have wide-reaching impact through actions affecting entire populations.

Examples of policy and systems-level strategies include:

- media campaigns and marketing to promote public awareness and advocacy for change.
- public advocacy to ban the use of items that target the branding of alcohol companies to youth (e.g. free t-shirts)
- legislation to prohibit smoking in public places
- taxes on “junk food”

APPENDIX B

CHAMPPS Application Review Form

Applicant Information

Name of Applicant Organization: _____

Amount Requested \$ _____

| Criteria | Total Possible Points | Applicant Score |
|--|-----------------------|-----------------|
| A. Community Description, Needs & Resources | 10 | |
| Geographic area description that includes boundaries, demographic information, age distribution, cultural, ethnic, racial composition, other relevant information | 2.5 | |
| Is there a clear and compelling need that is backed up by data? | 2.5 | |
| For implementation proposals: How well have they identified existing resources and gaps in services? For capacity building proposals: How well have they articulated an assessment plan? | 2.5 | |
| For implementation proposals: Was the target population actively involved in assessing needs, resources or gaps in services? For capacity building proposals: Was existing engagement with larger community and plans for further engagement described in the proposal? | 2.5 | |
| B. Applicant Organization | 10 | |
| Was the organization's readiness to address identified needs described? Was prior experience with planning/executing health and wellness initiatives articulated? | 4 | |
| Were collaborative relationships with other organizations/entities in community and/or plan for developing relationships addressed? | 3 | |
| Was the plan for collaborating with local VDH District Office articulated in the narrative? | 3 | |
| C. Management and Staffing Plan | 10 | |
| Are the roles and responsibilities of the project staff (including coordinator) clear? | 2.5 | |
| Is the process for staff supervision and performance reviews clearly outlined? If applicable, is the relationship between the applicant and the fiscal agent clearly defined in terms of their respective roles in hiring, staff supervision and performance review? | 2.5 | |

| Criteria | Total Possible Points | Applicant Score |
|--|------------------------------|------------------------|
| Is a list of partnering/collaborating organizations and their contact persons contained as an attachment to the proposal? Are their roles identified and clearly explained? | 2.5 | |
| Is a letter of commitment from the local VDH District Director contained as an attachment to the proposal? | 2.5 | |
| D. Workplan | 50 | |
| Is the evidence for the proposed activity with respect to the health issue to be addressed clearly articulated? Are specific guidelines for tobacco and substance abuse prevention activities followed, if applicable? | 9 | |
| Do the proposed activities address at least two of the five levels of the Prevention Model? Is one of the levels addressed community, organization or policy/systems? | 9 | |
| Are workplan objectives SMART (specific, measurable, achievable, realistic and time-limited?) | 9 | |
| Are activities clear and appropriate? | 9 | |
| Are measures identified for each activity? | 9 | |
| Are all activities in the workplan narrative included in the workplan template and vice versa? | 5 | |
| E. Evaluation Plan | 10 | |
| Are process evaluation activities and measures identified? | 3 | |
| Are outcome evaluation activities and measures identified? | 3 | |
| Does the applicant describe specific strategies for collecting, analyzing and using process and outcome data? | 4 | |
| F. Budget and Budget Narrative | 10 | |
| Is the budget appropriate for the activities being proposed? | 5 | |
| Does the budget narrative provide a clear picture of all costs, explaining each line item? | 5 | |

SUMMARY

| | |
|--|--------------|
| Community Description, Needs and Resources | /10 |
| Applicant Organization | / 10 |
| Management and Staffing Plan | / 10 |
| Workplan | / 50 |
| Evaluation Plan | / 10 |
| Budget and Budget Narrative | / 10 |
| TOTAL SCORE | / 100 |

What are the strengths of this proposal?

What are the weaknesses of this proposal?

Budget Recommendations

APPENDIX C

Agency of Human Services Field Directors

The local AHS Field Director can help you assess the viability of proposed activities. He/she may be able to offer you data and information from other planning initiatives in the Agency that may assist you with your application. A letter of Commitment from your local Field Services Director is required (see Attachment 1).

| Field Directors By District | | | |
|-----------------------------|--|---|---|
| Barre (MDO) | Don Mandelkorn Don.Mandelkorn@ahs.state.vt.us | 479-7594 (direct); 479-4230 (fax) | MacFarland State Office Building, 5 Perry Street, Suite 300, Barre, VT 05641 |
| Bennington (TDO) | Charlie Gingo Charlie.Gingo@ahs.state.vt.us | 447-2745 (direct); 442-8138 (reception); 447-2808 (fax) | State Office Bldg, 200 Veteran's Memorial Drive, Suite 14, Bennington, VT 05201 |
| Brattleboro (LDO) | John Swartz John.Swartz@ahs.state.vt.us | 257-2573 (direct); 257-2820 (reception); 254-6394 | State Office Building, P.O. Box 70, 232 Main Street, Brattleboro, VT 05302 |
| Burlington (BDO) | Jane Helmstetter Jane.Helmstetter@ahs.state.vt.us Mark Schroeter Mark.Schroeter@ahs.state.vt.us | 652-6852 (direct); 863-7365 (reception); 863-7403 (direct); 863-5716 (fax) | District Office, 1193 North Avenue, Burlington, VT 05401 |
| Hartford (HDO) | Sara Kobylenski Sara.Kobylenski@ahs.state.vt.us | 295-4115 (direct); 295-8855 (reception); 295-4148 (fax) | 226 Holiday Dr., Suite 4, White River Junction, VT 05001 |
| Middlebury (YDO) | Sue Schmidt Sue.Schmidt@ahs.state.vt.us | 388-5385 (direct); 388-4660 or (800) 244-2035 (reception); 388-4665 (fax) | District Office, 700 Exchange Street, Suite 103, Middlebury, VT 05753 |
| Morrisville (VDO) | Dave Yacovone Dave.Yacovone@ahs.state.vt.us | 888-1330 (direct); 888-4291 or 888-4576 (reception); 888-1345 (fax) | Morrisville District Office, 63 Professional Drive, Morrisville, 05661 |
| Newport (NDO) | Rever Kennedy Rever.Kennedy@ahs.state.vt.us | 334-3915 (direct); 334-6504 (reception); 334-3386 (fax) | AHS District Office, 100 Main St, Newport, VT 05855 |
| Rutland (RDO) | Richard Giddings Richard.Giddings@ahs.state.vt.us | 786-5952 (direct); 786-5817 (reception); 786-8827 (fax) | AHS District Office, 5 Asa Bloomer Bldg, Rutland, VT 05701 |
| St. Albans (ADO) | Pam McCarthy Pam.McCarthy@ahs.state.vt.us | 527-5438 (direct); 524-7900 (reception); 527-5403 (fax) | AHS District Office, 20 Houghton St., Suite 313, St. Albans, VT 05478 |
| St. Johnsbury (JDO) | Greg MacDonald Gregory.MacDonald@ahs.state.vt.us | 751-0168 (direct); 748-8374 (reception); 751-3203 (fax) | AHS District Office, 67 Eastern Ave, Suite 4, St. Johnsbury, VT 05819 |
| Springfield (SDO) | Lynn Boyle Lynn.Boyle@ahs.state.vt.us | 885-8862 (direct); 885-8856 (reception); 885-8879 (fax) | AHS District Office, 100 Mineral St, Suite 201, Springfield, VT 05156 |

APPENDIX D

Vermont Department of Health District Office Directors

The District Director of your local Department of Health office can help you assess the viability of proposed activities. He/she may be able to offer you data and information from other planning initiatives in the Department that may assist you with your application. A letter of Commitment from your District Director is required (see Attachment 1). **Collaboration with your local VDH office is required and must be described in your proposal narrative.**

Barre

Jeffrey Hunsberger
District Director
VT Dept. of Health
McFarland Office Building
5 Perry Street, Suite 250
Barre, VT 05641-4272

1-888-253-8786
1-802-479-4200
FAX: 479-4230

Middlebury

Moiria Cook
District Director
VT Dept. of Health
700 Exchange Street, Suite 101
Middlebury, VT 05753-1529

1-888-253-8804
1-802-388-4644
FAX: 388-4610

St. Albans

Judy Ashley-McLaughlin
District Director
VT Dept. of Health
20 Houghton Street Suite 312
St. Albans, VT 05478-2248

1-888-253-8801
1-802-524-7970
FAX: 527-5405

Bennington

Marcia Russo
District Director
VT Dept. of Health
200 Veterans Memorial Drive,
Suite #1
Bennington, VT 05201-1944

1-800-637-7347
1-802-447-3531
FAX: 447-6910

Morrisville

Linda North
District Director
VT Dept. of Health
63 Professional Drive
Morrisville, VT 05661

1-888-253-8798
1-802-888-7447
FAX: 888-2576

St. Johnsbury

Darlene Ahrens
District Director
VT Dept. of Health
67 Eastern Avenue, Suite 1
St. Johnsbury, VT 05819-2638

1-800-952-2936
1-802-748-5151
FAX: 751-3229

Brattleboro

Fran deFlorio
Interim District Director (retired)
VT Dept. of Health
232 Main Street, Ste 3
Brattleboro, VT 05301-2881

1-888-253-8805
1802-257-2880
FAX: 254-6360

Newport

Ann Creaven
District Director
VT Dept. of Health
100 Main Street, Suite 220
Newport, VT 05855

1-800-952-2945
1-802-334-6707
FAX: 334-3904

Springfield

Rebecca Thomas
District Director
VT Dept. of Health
100 Mineral Street, Suite 104
Springfield, VT 05156

1-888-296-8151
1-802-885-5778
FAX: 885-3707

Burlington

Nancy Menard
District Director
VT Dept. of Health
Burlington District Office
1193 North Avenue, Suite #1
Burlington, VT 05401-2749

1-888-253-8803
1-802-863-7323
FAX: 863-7571

Rutland

Mary Lou Bolt
District Director
VT Dept. of Health
300 Asa Bloomer State Office
Bldg.
Rutland, VT 05701

1-888-253-8802
1-802-786-5811
FAX: 786-5984

White River Junction

Margaret Caudill Slosberg
District Director
VT Dept. of Health
226 Holiday Drive, Suite 22
White River Junction, VT 05001

1-888-253-8799
1-802-295-8820
FAX: 295-8832

APPENDIX E

Memorandum of Understanding EXAMPLE

(NOTE: This format is not required)

Memorandum of Understanding Between the Greater Northwest Coalition (GNC) and The Northwest Supervisory Union (NWSU)

The Northwest Supervisory Union fully supports the Greater Northwest Coalition's application to the Tobacco Control Program. NWSU administrators, teachers, staff and students have been involved in GNC since its inception in 1996. We fully support their mission of tobacco use prevention and applaud their involvement in the healthy development of our community's youth.

NWSU has administered Safe and Drug Free Communities and Schools monies for this district. NWSU has been the fiscal agent for GNC for their New Directions Grant and their Tobacco Control Community Grant.

NWSU agrees to function as the fiscal agent for the GNC for their Tobacco Control Community Grant. We agree to:

1. Receive and expend any Tobacco Control Grant monies awarded to GNC. Requests for payment will be made by the GNC Coordinator or assigned agent and co-signed by authorized NWSU representative.
2. Comply with all methods of payment, audit requirements, accounting systems and financial records as specified by the Vermont Department of Health.
3. Comply with assurances, certifications, and disclosures, signed copies of which are enclosed in the Tobacco Control application.
4. Maintain records that adequately identify the source and application of funds provided for financially assisted activities. These records will contain information pertaining to cooperative agreements and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income.

GNC agrees to:

1. Submit bills in a timely manner according to NWSU's payment schedule.
2. Collaborate with NWSU for smooth transfer of funds.
3. Reimburse NWSU \$2,000 for fiscal agent administrative costs.
4. Be involved in hiring and supervision of staff.
5. Be involved in decisions regarding purchases over \$300.

Superintendent Date
Northwest S.U.

Coordinator or Chair Date
Greater Northwest Coalition

APPENDIX F

Data

Follow the link below for an Excel spreadsheet containing data of interest

http://healthvermont.gov/local/grants/documents/CHAMPPSData_Table1.pdf

APPENDIX G

Assessment Resources

Sample tools for the assessment phase can be found online at the following sites:

Mobilizing Action through Planning and Partnerships (MAPP)

http://mapp.naccho.org/MAPP_Home.asp

Steps of the MAPP process include organizing for success and partnership development as well as four MAPP assessments:

- Community needs and strengths
- Local public health system
- Community health status
- Forces of change

See the sample timeline/work plan for the MAPP process under the “Organizing for Success and Partnership Development” section.

Community Toolbox: University of Kansas Assessing Community Needs and Resources

http://ctb.ku.edu/tools/tk/en/tools_tk_content_page_78.jsp

Outline for assessing community needs and resources (with links to how-to sections of the Community Tool Box)

APPENDIX H

Potential Organizations/Entities for Collaboration

Health-related organizations: VDH District Office, Lung Association, American Cancer Society, American Heart Association, Blue Cross/Blue Shield

Health Care – health care providers, hospital wellness departments, clinics for the uninsured, Blueprint-participating hospitals

Social/Human Services organizations (public and private)
Community Action Agencies, Department of Children and Families, Economic Services, Office of Vermont Health Access (Medicaid), Department of Employment and Training, United Way, Vermont 211, Area Agencies on Aging

Mental Health - local mental health agencies and providers

Community Collaboratives - AHS regional partnerships, tobacco coalitions, alcohol and drug coalitions, maternal and child health coalitions, other coalitions and community-wide groups

Colleges/Universities - faculty, staff, students

Substance Abuse Treatment providers- staff or representatives from treatment services

Media – newspapers, community papers, radio, TV

Law Enforcement - local & state police, Department of Liquor Control, school resource officers

Faith Community - formal or informal religious or spiritual leaders

Business - area businesses/corporations, Workforce Investment Boards

Volunteer Groups – parent groups, civic groups, grassroots groups, service organizations, advocacy groups, Girl Scouts, Boy Scouts, individual volunteers

Recreation - local recreation departments, teen centers, Boys & Girls Clubs, fitness centers, sports leagues outdoor groups, senior centers

Food system – Agriculture, grocers, food co-ops, restaurants, trade organizations

School - school nurse, principal, health teacher, school board member, Student Assistance Program Counselor, Safe & Drug Free School Coordinator

Government – federal, state and local elected officials

Municipal leaders – town clerks, town planners, select board members, transportation/public works

Youth services organizations

APPENDIX I

Substance Abuse and Mental Health Services Administration Strategic Prevention Framework State Incentive Grant Overview

Overview

The Strategic Prevention Framework State Incentive Grant (SPF SIG) is a federal five-year grant which supports three overarching goals:

1. Prevent onset and reduce the progression of substance use, including underage drinking
2. Reduce substance-related problems in communities
3. Build prevention capacities/infrastructure at the state and community level

The Strategic Prevention Framework process is a population-based, public health model that produces outcome-based prevention. The ultimate objective of the framework is discernable reductions in the prevalence and incidence of substance abuse and related consequence for entire communities. It begins with identifying the substance related problems, examining causal factors and intervening variables, identifying policies, practices and programs necessary to address those causal factors, and thus reduce levels of the problems within the communities where they are implemented.

Based in a statewide needs assessment conducted by Vermont's SPF SIG Epidemiological Workgroup, it has been determined that Strategic Prevention Framework funds will be targeted to the following priorities:

1. Reduce underage drinking
2. Reduce high risk alcohol consumption among persons under age 25
3. Reduce marijuana use among persons under age 25
4. Build prevention capacity and infrastructure at the state and community levels

Once communities are awarded Strategic Prevention Framework funds, they will be required to conduct the Strategic Prevention Framework 5-step process. The goal of the process is an outcome-based, strategic response for addressing Vermont's priorities on the local level. The 5 steps of the strategic process are:

- Step 1: Profile population needs, resources and readiness to address the problems and gaps in service delivery in priority areas
- Step 2: Build community prevention system capacity
- Step 3: Develop a comprehensive strategic plan
- Step 4: Implement evidence-based substance abuse prevention programs, policies and practices
- Step 5: Monitor, evaluate, sustain and improve or replace these strategies

This chart outlines some of the milestones of the Strategic Prevention Framework process:

| SPF Step | Key Milestones |
|-------------------------------|---|
| Step 1: Assessment | <ul style="list-style-type: none"> ▪ Review/analysis of epidemiological data (consumption & consequence data specific to priorities) ▪ Development of problem statements ▪ Identification of potential geographic target areas and populations ▪ Assessment of readiness, external factors, and potential barriers to success ▪ Assessment of organizational, fiscal, and leadership capacity ▪ Assessment of cultural competence ▪ Analysis of service gaps |
| Step 2: Capacity | <ul style="list-style-type: none"> ▪ Creation and continuation of collaborations ▪ Access to and participation in training and education to promote readiness, cultural competence, leadership, and evaluation capacity ▪ Meetings with key community stakeholders |
| Step 3: Planning | <ul style="list-style-type: none"> ▪ Planning meetings and strategy development sessions ▪ Strategic Goals, Objectives, and Performance Targets ▪ Logic Model development ▪ Draft Strategic Plan including an evaluation plan ▪ Selection of policies, programs, and practices |
| Step 4: Implementation | <ul style="list-style-type: none"> ▪ Implementation of Strategic Plan ▪ Acquisition of relevant materials for implementing policies, programs, and practices ▪ Consultation and collaboration with state evaluation and program team |
| Step 5: Evaluation | <ul style="list-style-type: none"> ▪ Consultation and collaboration with state evaluation team ▪ Collection of required data ▪ Review of effectiveness of policies, programs, and practices ▪ Development of recommendations for quality improvement |

Adapted from "Strategic Prevention Framework Information Brief", Carnevale Associates LLC, January 2005

Next Steps and Requirements

The Strategic Prevention Framework State Incentive Grant (SPF SIG) requires that SAMHSA review and expressly approve Vermont's Strategic Substance Abuse Prevention Plan prior to the award of any SPF SIG community grants. This plan is currently under development and will be submitted to SAMHSA on or around March 1. SAMHSA's approval timeline varies. It is expected that CHAMPPS grants funded through the SPF SIG will be consistent with the overall funding approach outlined in Vermont's Strategic Substance Abuse Prevention Plan. CHAMPPS applicants awarded SPF SIG funding will receive awards contingent upon SAMHSA's approval of Vermont's Plan.

Requirements for grantees funded through SAMHSA's SPF SIG are not fully identified to date. It is likely that additional information will be solicited from grantees prior to grant award. At a minimum we anticipate that SPF SIG grantees will be required to:

- Demonstrate strong need in and address at least one of Vermont's three priority areas discussed above
- Review local data on alcohol and drug consumption and related consequences, and risk and protective factors that impact substance abuse
- Conduct an assessment of prevention capacity including existing resources and gaps in infrastructure, work force, leadership, ability to conduct evaluation, ability to reach underserved groups and cultural competence
- Conduct a community readiness assessment with tools to be provided
- Participate in up to six grantee trainings/learning community sessions within the first year of the grant
- Participate in required reporting and evaluation activities as outlined by SAMHSA's national cross-site evaluation
- Assure that middle and high schools falling within the geographic area represented by the applicant will participate in the Youth Risk Behavior Survey

Additional Information

- Capacity Building proposals funded through SAMHSA's SPF SIG will encompass steps one through three of the Strategic Prevention Framework.
- Implementation grantees funded through SAMHSA's SPF SIG will receive support to implement all five steps of the Strategic Prevention Framework process. Funds will initially be awarded to support participation in training and technical assistance sessions, and steps one through three of the process. Funds to support implementation steps four and five will be awarded contingent on approval of the grantee's implementation plan.
- If you are discussing substance abuse prevention targets in your CHAMPPS application, please describe the strategic prevention framework milestones you have already accomplished, in the appropriate section of your narrative.
- Training and technical assistance will be provided to SAMHSA SPF SIG grantees through each step of the strategic prevention framework process.

Questions regarding requirements for substance abuse prevention activities should be directed to:

Marcia LaPlante
Alcohol and Drug Abuse Prevention Services Chief
mlaplan@vdh.state.vt.us
(802) 651-1560

APPENDIX J

Requirements for Tobacco-Related Program Components

Introduction:

The goals of the Vermont Tobacco Control Program are to:

1. Reduce the prevalence of smoking among Vermont adults from a rate of 22% in 2000 to a rate of 11% in 2010 by linking people who want to quit with the resources to do so.
2. Prevention: reduce the prevalence of smoking among Vermont youth from a rate of 31% in 1999 (not measured in 2000) to a rate of 15% in 2010
3. Reduce the exposure of all Vermonters to secondhand smoke

To mirror these goals, the Department of Health organizes three statewide “common theme” campaigns throughout the year, with a campaign focusing on each of the three tobacco control goals.

The strategies for reaching these goals are based on *Best Practices for Comprehensive Tobacco Control Programs* developed by the Centers for Disease Control and Prevention (CDC).

Tobacco Control Funding Specifications:

Applicants must develop objectives that mirror the statewide goals and are required to address at least one of the three program goals including participation in the corresponding “common theme” campaign during the grant period. Community events/activities will be held in conjunction with mass media (TV, newspapers and/or radio) developed by the Social Marketing Specialist at the VDH Tobacco Control Program and the media contractor, Kelliher Samets Volk. Grantees are expected to design and conduct local events/activities that reinforce the message or “common theme” being delivered throughout the statewide program. All applicants are expected to describe the specific methods they will employ to address tobacco control goals.

Grant funds may not be used for the following activities:

- Development or airing of local media ads.
- Delivery of smoking cessation services, although grantees addressing the goal to reduce adult smoking are required to conduct activities to promote the utilization of local cessation programs or Quit Line services.
- School-based curriculum or policies, as the Vermont Department of Education was allocated funding to support the implementation of research-based curricula in Vermont's school districts.
- Student Assistance Programs (SAPs), as the VDH Division of Alcohol and Drug Abuse Programs supports SAPs in Vermont's school districts.
- Promotion of any political or economic issue, other than tobacco prevention and cessation.

Questions regarding requirements for tobacco-related activities should be directed to:

Sheri Lynn
Tobacco Program Chief
slynn@vdh.state.vt.us
(802) 865-7592

APPENDIX K

Requirements for Fit and Healthy Vermonters Physical Activity and Nutrition Related Components

Communities that have conducted an assessment and identified the need for projects related to healthy eating, and/or physical activity must use the following guidelines for implementation.

Projects must:

1. Have clearly stated goals and objectives that are linked to the focus area(s) and strategies in the Fit and Healthy Vermonters state plan (<http://healthvermont.gov/family/fit/guide.aspx>).
2. Implement physical activity and/or nutrition strategies that address one or more of the following risk and protective factors:
 - Reducing dietary determinants of energy imbalance by:
 - Educating participants on healthy eating based on the USDA Dietary Guidelines
 - Promoting consumption of a variety of foods with an emphasis on reduced portion size
 - Reducing consumption of sugar sweetened beverages
 - Increasing fruit and vegetable consumption
 - Goal—minimum of five servings of fruits and vegetables daily
 - Increasing physical activity by:
 - Educating participants on the benefits of regular, moderate intensity physical activity
 - Promoting a goal of working up to 30 minutes per day, 5 days per week for adults, 60 minutes per day 7 days per week for youth
 - Decreasing sedentary behaviors including screen time
 - Goal—less than two hours per day
 - Increasing breastfeeding initiation, exclusivity and duration
3. Include one or more of the following messages:
 - Fit and Healthy Kids or Fit and Healthy Vermonters
 - Eat for Health
 - Get Moving
 - Move More, Eat More Colors, Turn it Off (with youth)
4. Must use existing theory-based promising practices or programs that may be adapted, rather than developing new programs.

Funds may not be used for:

1. Developing new messages or slogans. Programs may build on already established community messages using messages identified in #3 above.
2. One time or short term (less than 2 months) community based events or programs unless they are promotional events tied to longer term, on-going programs.
3. Individual or group focused weight loss programs.
4. Developing new physical activity or nutrition program curriculums.

Questions regarding requirements for nutrition and physical activity interventions should be directed to:

Susan Coburn, Nutrition and Physical Activity Chief
scoburn@vdh.state.vt.us
(802) 951-5151

ATTACHMENT 1

Letter of Commitment Form

This format is required

Person Completing Form: _____

Title: _____

Name of Organization/Group/Agency: _____

Address: _____

Phone: _____

1) Please describe your financial or “in-kind” contribution to this project in terms of the services, equipment, space, materials, staff time, or other resources that you will be committing to this project.

2) How will your organization/group/agency collaborate with the applicant? What is your specific role and responsibility?

Attachment 2
Summary of Related Funding for Period July 1, 2006 – July 30, 2007

| Content Area | Specify Grant Name and Source | Grant Period | Total Funding Amount | Amount used for activities related to CHAMPPS | Describe activities supported by these funds that are relevant to your CHAMPPS proposal | Do you anticipate continued funding for 7/07-6/08? |
|------------------------------------|--------------------------------------|---------------------|-----------------------------|--|--|---|
| Chronic Disease | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| Tobacco | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| Substance Abuse | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| Nutrition | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| Physical Activity | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| Maternal & Child Health | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| Aging/elderly wellness | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |

| Content Area | Specify Grant Name and Source | Grant Period | Total Funding Amount | Amount used for activities related to CHAMPPS | Describe activities supported by these funds that are relevant to your CHAMPPS proposal | Do you anticipate continued funding for 7/07-6/08? |
|--|--------------------------------------|---------------------|-----------------------------|--|--|---|
| Children & Family | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| Other (specify content area for each) | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |
| | | | \$ | \$ | | |

ATTACHMENT 3

Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS) Workplan Template

| Organization/Project Name: | | | | |
|-----------------------------------|-----------------|------------|----------|----------|
| Goal: | | | | |
| Objective: | | | | |
| Task | Who Responsible | Start Date | End Date | Measures |
| | | | | |
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ATTACHMENT 4

CHAMPPS Budget Form Fiscal Year 2008

| | | | | | |
|---|-------------|----------------------------|--------------------------|----------------|--------------|
| Applicant Name: | | | | | |
| | FTEs | CHAMPPS Funding | Other Funding | In Kind | TOTAL |
| PERSONNEL | | | | | |
| Program Staff (list individually below) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Payroll | | | | | |
| Benefits | | | | | |
| Consultants | | | | | |
| Other | | | | | |
| Total Personnel | | | | | |
| OPERATING | | | | | |
| Advertising/Marketing | | | | | |
| Professional Liability Insurance | | | | | |
| Telephone | | | | | |
| Travel | | | | | |
| Postage | | | | | |
| Materials | | | | | |
| Training Education | | | | | |
| | | | | | |
| Building | | | | | |
| Insurance | | | | | |
| Rent/Mortgage Payments | | | | | |
| Repair & Maintenance | | | | | |
| Utilities | | | | | |
| | | | | | |
| Total Operating | | | | | |
| INDIRECT/ADMINISTRATIVE | | | | | |
| Supplies | | | | | |
| Postage | | | | | |
| Printing/Duplicating | | | | | |
| Telephone | | | | | |
| Equipment | | | | | |
| Total Indirect/Administrative | | | | | |
| GRAND TOTAL | | | | | |